

ART 31

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1						51	
2	1						52	
3	1						53	
4	1						54	
5		4					55	
6		0					56	
7		0					57	
8		0					58	
9		0					59	
10		0					60	
11	1						61	
12	1						62	
13		1					63	
14		3					64	
15		0					65	
16		0					66	
17		0					67	
18	1						68	
19							69	
20							70	
21							71	
22							72	
23							73	
24							74	
25							75	
26							76	
27							77	
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34							84	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2						TOTAL IND.	
TOTAL DEP.	6						TOTAL DEP.	
TOTAL CLAIMS	8						TOTAL CLAIMS	